

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREHarry T Collins
PlaintiffCMS & Vernon Williams
Defendant(s)Amended
APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITCASE NUMBER: 05-CV-624 SEAI, Harry T Collins declare that I am the (check appropriate box)☒ Petitioner/Plaintiff/Movant ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No" go to Question 2)

If "YES" state the place of your incarceration _____

Inmate Identification Number (Required): _____

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No 1996 Mr Solter 400 per week

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <u>444-00</u>
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

*I received \$ 444 A month, disability, same amount
until approved, SSI and SSD*

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount \$ N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

N/A

I declare under penalty of perjury that the above information is true and correct.

2-15-07
DATE

Anthony T. Bellini
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

To whom it may concern;

I get the sum of 400.00 dollars from one Harry T Collins for rent.

He has to buy his own food.

.....Boatman A. Dean
.....2-15-06
.....

protection expenses
\$35.00 a month

Social Security Administration

Retirement, Survivors and Disability Insurance

Important Information

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: December 5, 2006
Claim Number: 222-50-1682HA

1128 T2R M04,PC7,I,BA,T176, 000049609 01 MB 0.326
BARBARA DEAR FOR HARRY
T COLLINS JR
211 HARDING AVE
SILVIEW
WILMINGTON DE 19804-3305

|||||

HARRY COLLINS JR is entitled to medicare hospital insurance beginning January 1996 and medical insurance beginning November 2006.

What We Will Pay And When

- You will receive \$444.00 for December 2006 around January 3, 2007.
- After that you will receive \$444.00 on or about the third of each month.

Information About Medicare

The State of Delaware will pay HARRY COLLINS JR's Medicare medical insurance premium beginning November 2006.

If HARRY COLLINS JR has had any expenses that he believes should be covered by Medicare medical insurance, please contact your local Social Security office. The telephone number and address are shown below.

We will send HARRY COLLINS JR a new health insurance card. It will show that he is entitled to hospital and medical insurance.

If HARRY COLLINS JR does not receive his health insurance card within 4 weeks after the receipt of this notice, please get in touch with us. If he needs medical care before he receives the card, use this letter as proof that he is covered by Medicare hospital and medical insurance.

222-50-1682HA

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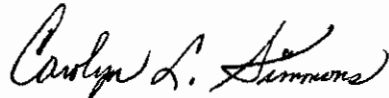
If You Have Any Questions

If you have any questions about the State Medicaid Program, please contact your State public assistance office.

If you have any questions about Medicare you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-302-323-0304. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
SUITE 200
920 W BASIN ROAD
NEW CASTLE, DE 19720

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.

A handwritten signature in cursive script, reading "Carolyn L. Simmons".

Carolyn L. Simmons
Associate Commissioner for
Central Operations